Exhibit J

to Priore Declaration Pg 3 of 9

Exhibit J

FINANCIAL ANALYS	IS FORM	Account Number						
I want to: The property is my: The property is:	Keep the Property Frimary Residence Owner Occupied	☐ Sell the Property ☐ Second Home ☐ Renter occupied	☐ Investment					
	ROWER		BORROWER					
BORROWER'S NAME Toda Silber		CO-DORROWER'S NAME						
	DAT	SOCIAL SECURITY NUMBER	DATE OF BIRTH					
SO RITY NUMBER								
HOME PHONE NUMBER WITH A	REA CODE	HOME PHONE NUMBER WITH A	REA CODE					
CELL OR WORK NUMBER WITH	AREA CODE	CELL OR WORK NUMBER WITH	CELL OR WORK NUMBER WITH AREA CODE					
MAILING ADDRESS 23 Form	han Rd. South Windson Cit	06624						
PROPERTY ADDRESS (IF SAME A	AS MAILING ADDRESS, JUST WHITE:	SAME	EMAIL ADDRESS					
Is the property listed for sale? Have you received an offer or Date of offer Agent's Name; Agent's Phone Number; For Sale by Owner?	the property? Yes No ount of Offer \$	If yes, please complete counselor	If yes, please complete counselor contact information below. Counselor's Name: Hope /cHFA / Counselor's Phone Number:					
Who pays the Real Estate Tax 1 do Lender does Are the taxes current? Condominium or HOA Fee Paid to:	bill on your property?	Who pays the hazard insurance policy for your property? ☐ I do ☐ Cender Does ☐ Paid by Condo or HOA Is the policy current? Name of Insurance Co. Insurance Co. Tol #:						
Have you filed for bankruptcy Has your bankruptcy been dis		hapter 7 Chapter 13 Filin Bankruptcy case number	ng Date:					
If there are additional Liens/Mon Lien Holder's Name/Scrvicer	igages or Judgments on this property. Balance	please name the person(s), company of Contact Number	or firm and their telephone numbers, Loan Number					
PERSONAL TRANSPORT OF THE PERSON OF THE PERS	HARDS	HIP AFFIDAVIT						
I am having difficulty making my	y monthly payment because of financi		k all that apply):					
carnings, death in family, serious disability, incarceration, increase of a child, taking one of elderly	nt, reduced pay or hours, decline in but to or chronic illness, permanent or short of family responsibilities (adoption or relatives or other family members) or	sinces with my creditors. Debt incl debt.	ts are excessive and I am overextended ludes credit cards, home equity or other					
has increased or will increase, his	For example: monthly mortgage pays the medical or health care costs, unious or natural disasters), increased proper fee.	ty as the same time. Cash reserves do necounts). Cash reserves do	☐ My cash reserves, including all liquid assets, are insufficient to maintain my quiront mortgage nayment and cover basic living expenses at the same time. Cash reserves include assets such as cash, savings, money market sharely, wastestable meater or benefic (excluding resisonant accounts). Cash reserves do not include assets that serve as an emergency fund (generally equal to three times my monthly debt payments).					
□ Other								
Explanation (Required):								
If additional space is needed for	r Explanation, please include an ad-	ditional page.						

FINANCIAL ANALYSIS FORM

Account Number_

8843

T - Monthly Househo	ld Income	Z - Monthly Household Exp	enses/Debt	3 - Household	Assets		
Gross Salary/Wages = total monthly income before any tax withholding or employer deductions.	*	First Mortgage Payment	£ 1990.80	Checking Account(s) Balance	* 497.37		
Overtime	8	Second Mortgage Payment/Liens/Rents	5 K	Checking Account(s) Balance	s 3950.78		
Child Support/Atimony*	*	Insurance — hazard, wind, flood, etc (If not excrowed and included in your current mortgage payment)	**	Savings/Munuy Market 3			
Social Security/SSDI	5	Property Taxes (If not escrowed and included in your current mortgage payment)	*	CDs	s		
Other monthly monme from ponsions, annuities or retirement plans	\$	Credit Cards/Installment Loan(s)	Andreins to	Stocks/Honds	. 5		
Tips, commissions, bonus and self-employed income	s	Alimony, child support payments	*×	Other Cash on Hand	\$ 1600.00		
Rents Browlevel	\$ 500.00	Health Insurance	* 5 X	Other Real Estate (actionated	- >		
Unemployment Income	\$ 2942.33-	HOA/Condo Feet/Property	s × · · · ·	Other	s · -		
Food Stamps/Welfare	5	Car Payments	\$ 209 36				
Other (investment income, royalties, interest, dividends etc.)		Medical Expenses	sol	1			
**************************************		Child Care	\$ 04	Do not include the value of life insurance or retirement plans when calculating weeks (401k,			
		Student Loans/Personal Loans	5 ×				
		Auto Expenses /Clasoline/Insurance	5 /80	pension funds, annuities, IRAs, Keogh plans, etc.)			
		Food/Household Supplies	\$ 425				
		Water/Sewer/Utilities/Phone(s)/Cable	\$ 210				
		Other	5				
Total (Gross income)	\$ 3472.33	Total Debt/Expenses	s 3065 26	Total Assets	36046.65		
T	THE PARTY OF THE P	om the borrower and so horrower (if any) ago if oncessury. You use not required to you choose to have it conside if additional space is needed, picase	M you instude Income	e and expenses from a household it. Alumbay, or Separation, Mainten	-		

not required to this information one designation.	furnish this informati a, or on whether you c If you do not furnish a	on, but are encouraged to do so. T hoose to farmish it. If you furnish it atthickly, race, or sex, the leader or se	monitor compliance be law provides that he information, please ervicer is required to	provi	TORING PURPOSES federal statutes that probabil discrimination in housing. You are ider or servicer may not discriminate either on the basis of ide both eithicity and race. For race, you may check more than us information on the basis of visual observation or surname if nation, please check the box below.
BORROWER		furnish this information	CO-BORROWER	Cl	I do not wish to furnish this information
Estenbulty			Chaleltys	8	Hispanic or Latino Not Hispanic or Latino
Rece:	American Indian or Altaska Native Assan Black or African American Native Hawaiian or Other Pacific Islander White		P(ace)	00000	American Indian or Alaska Netive Asian Black or African American Native Hawellan or Other Pacific Islander White
SKI D Fermin			Sex:	8	Formels Male
To be Complete	d by Interviewer				
This application was taken by: Interviewer's Name (print or type Peop-to-face interview Interviewer's Dignature Mail		e) & ID Number		Name/Address of Interviewer's Employer	
		Interviewer's Signature Date			
☐ Telephone		Interviewer's Phone Number (include area code)			

12412020-mg_{pe:w}Doc 7979-13 _ Filed 01/12/15 Entered 01/12/15 16:27:37 to Priore Declaration Pg 5 of 9 TO:18663405216 8843 8843 Account (W) WebsterBank Transaction History Disclaimer

The transactions and balances shown below <u>may differ from your records because it may not include deposits in progress,</u> outdoods, or other withdrawels, payments, purchases or charges. This report is for information only. Account Title/Address: TODD SILBER 73 FARNHAM RD TODD SILBER Acct #: 443
Acct Type: VIP FREE INTEREST CHECKING
Batence: \$497.87
Total Available Balance: \$497.87 SOUTH WINDSOR, CT 06074 03/20/2010 Last Statement Date: History search parameters . Type: DDA Transactions .--romi 04/05/2010 To: Pending Transactions Transaction Type Description Check# Amount/Rate 04/05/2010 TRANSFER WITHDRAWAL TRANSPER TO DDA 18870396 0000000000 1,341.92 Post Date Transaction Type Check # Amount/Rate Resulting Balance - Description 04/03/3010 DEPOSIT DEFORT 000000000 ...500 .00 01.002.70 0000000000 \$1.339.79 04/01/2010 DEPOSIT DEPOSIT 679.00 63/26/2010 CK CRB SIGNATURE PURCH EBAY INC 0000000000 117.58 \$660.79 TOP & SHOP #699STOP & SH 001 03/26/2010 CK CRD PIN PURCHASE TANDY LEATHER LOSTANDY LE 001 0000000000 57.30 \$807.45 BJ'S WHOLESALE C 1046 BJ' IN38 0000000000 85.81 03/25/2010 DEPOSIT DEPOSIT 0000000000 679.00 \$950.56 03/24/2010 CK CRD SIGNATURE PURCH BJ'S FUEL #9184 34749343344357 \$271.56 30.08 0000000000 03/23/2010 POD INCLEARING CHECKS PAID CHECK 0000000972 209.27 \$301.64 03/23/2010 POD INCLEARING CHECKS \$510.91 PAID CHECK 0000000955 412.50 03/23/2010 ACH WITHDRAWAL SEARS PAYMENT CHECK PYMT 09 0000000974 35.00

Page 1 of

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BJ'S WHOLESALE C 1046 BJ' IN30 0000000000

TURBINE INC.-SUBSC 33892343344 0000000000

CHECK PYMT 80 00000000773

CHECKFAYMT 97 0000000970

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\$1,113.41

61,113.37

\$1,138.39

\$1,174.10

\$1,184.04

\$1,199.03

\$520.03

CHASE

IOD INTEREST PAID

DUNKIN #330464

OT\$300701 04/08

93/22/2010 ACH WITHDRAWAL

03/16/2010 ACH WITHDRAWAL

03/19/2010 IOD INTEREST PAID

03/19/2010 CK CRD PIN PURCHASE

03/19/2010 CK CRD PIN PURCHASE

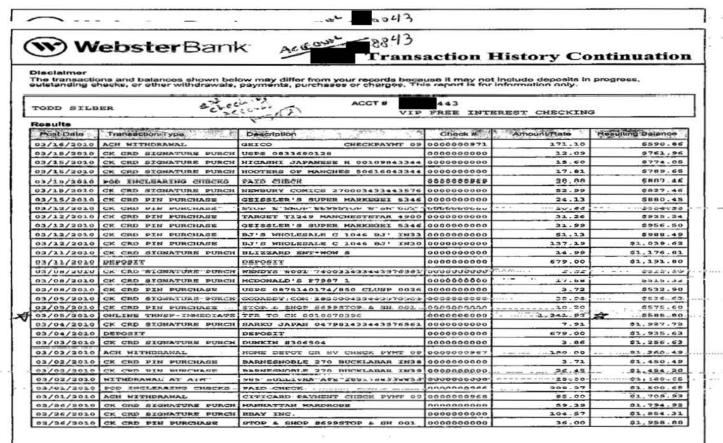
03/18/2010 CK CRD SIGNATURE PURCH

03/18/2010 CK CRD SIGNATURE PURCH

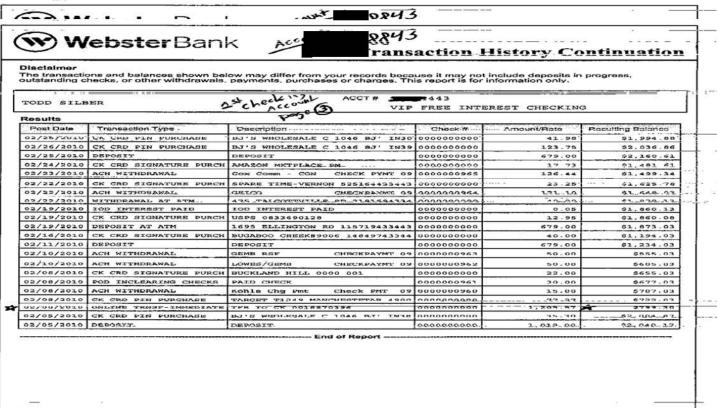
03/17/2010 CK CRD SIGNATURE PURCH USPS 0833690128

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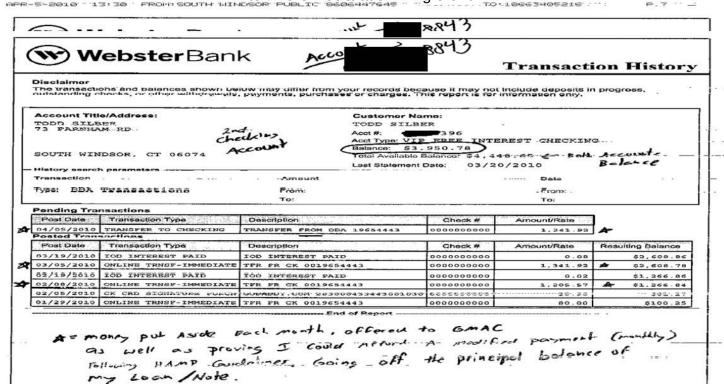


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APR-5-2010

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Additional Income Agreement 1 446





Exhibit J

P.-9 ...

This agreement, made on 04/01/2010 is a contract-between: Todd-Either-(Owner-of-property-ABA-Mindy....... Johnston (Tenant/Roommate)

Property: 73 Farnham RD. South Windsor, Ct 06074

I understand that I am entering into a legally binding agreement to rent a room at this property. And share said household with Owner and Children.

TERM OR PERIOD OF AGREEMENT
This agreement is to begin on 04/01/2010 for a term lasting until 04/01/2011. I fully understand and accept the rules and responsibilities of this agreement.
SECURITY DEPOSIT
The security deposit for the dwelling is \$ ZERO.

The security deposit for the dwelling is 2.2200.

RENT

The total rent according to the terms of our lease agreement with the owner of the property is \$500 per ____ month. I agree to pay \$500 a month.

UTILITIES

All Utilities <u>are included in</u> the \$500 rent amount. I understand this section will be revisited on a month to month basis and is open to possible increase, no greater than \$100.

MOVING OUT

If, for whatever reason, I move out of the dwelling. I realize it is primarily my responsibility to find a replacement.

I agree to look for a replacement roommate who is acceptable to my present landlerd.

If I move out of the dwelling and a replacement roommate has not been found, I realize that I am still legally responsible to the Owner (Todd Silber) for paying my share of the rent and utility bills (if any apply).

As a party of this agreement, I have equal rights to the use of the space and facilities in the dwelling with the exception of areas we have designated as each one's private space. This agreement is intended to promote harmony between Owner and Roommate by clarifying the expectations and responsibilities to each other.

It is not necessary to witness or notarize this agreement unless requested by a roommate, or Owner.

Owner: Todd Silber

··· Roommate/Tenant: Mindy Johnston

Date: 4/1/2010

Date: 4/1/2010